

**New Jersey Department of Health and Senior Services
Vaccine Preventable Disease Program
P.O. Box 369
Trenton, NJ 08625-0369**

ANNUAL HOSPITAL EMPLOYEE RUBELLA AND MEASLES IMMUNITY STATUS REPORT

*Complete and submit this annual status report by January 15 for the previous calendar year.
Forward to the address listed above.*

Name of Hospital		Report Year	
Street Address		Mailing Address (if different)	
Town/Municipality		County	Zip Code

1. Total number of full and part time employees, including medical staff, employed by the hospital (as of December 31 of the Report Year).....			
2. Number assessed for immunity requirement		MEASLES	RUBELLA
A. New medical staff (employed by the hospital)			
B. New employees	(Plus)		
C. Total	(Equals)		
3. A. Total number of new employees and new medical staff providing a documented record as proof of immunization/immunity			
B. Total number of new employees and new medical staff serologically screened	(Plus)		
C. Number of new employees and new medical staff <u>not</u> serologically screened or providing immunization record for measles because of birth before 1957	(Plus)		N/A
D. Total			
4. Total number of new employees and new medical staff found to be susceptible through serologic screening			
5. Of the TOTAL NUMBER found to be susceptible THROUGH SEROLOGIC SCREENING (on Line 4), how many of these were vaccinated during the REPORT YEAR			
6. Number of susceptible new employees/new medical staff (from Line 4) who declined to be vaccinated			
7. Does your hospital offer on-site vaccinations to susceptible employees?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If yes, who pays for vaccine?			
<input type="checkbox"/> Hospital <input type="checkbox"/> Employee <input type="checkbox"/> Other			

Name or Person Completing Report		Title	
Signature	Telephone Number	Date Submitted	